

Pharmacy Benefit Coverage Updates

May 1, 2022

UnitedHealthcare routinely evaluates prescription benefit coverage to help ensure we offer members affordable and effective medication options. The following summary highlights Prescription Drug List (PDL) updates for most UnitedHealthcare Commercial benefit plans effective May 1, 2022.

Tier Updates

The following medications will change tiers on or before **May 1, 2022**.

Therapeutic Use	Medication	Tier	Alternative Treatment Option(s)
Cancer	Balversa ^{®1}	2 ▶ 3	Infused chemotherapy
Cancer	Lonsurf ^{®1}	2 ▶ 3	Stivarga ^{®1}
Cancer	Votrient ^{®1}	2 ▶ 3	sunitinib (generic Sutent ^{®1})
Infections	nitrofurantoin suspension (generic Furadantin [®])	1 ▶ 3	nitrofurantoin capsule (generic Macrochantin [®])

Exclusions^{2, 3}

The following medications will no longer be covered under our pharmacy benefit plans effective **May 1, 2022**.

Therapeutic Use	Medication	Alternative Treatment Option(s)
ADHD	Azstarys ^{™4}	methylphenidate extended-release capsules (generic Metadate CD, Ritalin LA), Adderall XR, Concerta
	dextroamphetamine 15 mg, 20 mg, 30 mg (generic Zenzedi ^{®4})	amphetamine/dextroamphetamine (generic Adderall [®]), dextroamphetamine (generic Dexedrine [®])
	Qelbree ^{™4}	atomoxetine (generic Strattera [®]), guanfacine extended-release (generic Intuniv [®]), methylphenidate extended-release capsule (generic Metadate CD [®] or Ritalin [®] LA), Adderall XR [®] , Concerta [®]
Allergies	clemastine 0.5 mg/5 mL ⁴	Over-the-counter (OTC) clemastine (generic Tavist [®])
ALS	Exservan ^{™4}	riluzole (generic Rilutek [®]), Tiglutik [®]
	Rilutek (brand only)	riluzole (generic Rilutek)

Benefit coverage is determined by the member's pharmacy benefit plan. This means that there may be medications listed on the PDL that are not covered under a particular member's pharmacy benefit plan. Medications may change in cost or coverage.

Therapeutic Use	Medication	Alternative Treatment Option(s)
Cancer	Afinitor® 10 mg (brand only) ¹	everolimus (generic Afinitor) ¹
Cholesterol/Lipid lowering	Roszet® (Ezetimibe/rosuvastatin) ⁴	ezetimibe (generic Zetia®) plus rosuvastatin (generic Crestor®) or ezetimibe/simvastatin (generic Vytorin®)
Constipation	Amitiza® ¹	Lubiprostone (Amitiza Authorized brand alternative) ¹
	Trulance® ¹	Linzess® ¹ , Motegrity® ¹
Contraceptive	Nextstellis ^{4,5}	Yaz ⁵ , Yasmin ⁵
Diabetes	GlucaGen® Hypokit®	glucagon (generic Glucagon Emergency Kit), Baqsimi™, Zegalogue®
	Glucagon Emergency Kit (Lilly)	glucagon (generic Glucagon Emergency Kit), Baqsimi, Zegalogue
	Gvoke™	glucagon (generic Glucagon Emergency Kit), Baqsimi, Zegalogue
Gallstones	Reltone™ (Ursodiol 200 mg, 400 mg capsule) ⁴	ursodiol (generic Actigall®, generic Urso® 250, generic Urso Forte®)
Glaucoma	Azopt® (brand only)	brinzolamide (generic Azopt), dorzolamide (generic Trusopt®)
Heart failure	isosorbide dinitrate 40 mg	isosorbide dinitrate 2 x 20 mg (generic Isordil Titrados®)
Hypotension	Northera® (brand only) ¹	droxidopa (generic Northera) ¹
Infections	Humatin® (brand only) ⁴	paromomycin (generic Humatin)
Iron deficiency	Accrufer® ⁴	Non-prescription iron supplements
Migraine	Bupap® (butalbital 50 mg/300 mg acetaminophen)	butalbital/acetaminophen 50 mg/325 mg (generic Phrenilin®)
Multiple sclerosis	Ponvory™ ^{1,4}	Gilenya® ¹ , Mayzent® ¹ , Zeposia® ¹
Oral steroid	prednisolone 5 mg/5mL, 10 mg/5mL, 20 mg/5mL, 25 mg/5mL oral solution	prednisolone sodium phosphate 15 mg/5mL (generic Prelone®)
	Myrbetriq® granules ⁴	oxybutynin (generic Ditropan®), oxybutynin extended-release (generic Ditropan XL), solifenacin (generic Vesicare™)
Overactive bladder	Toviaz® (fesoterodine)	oxybutynin (generic Ditropan), oxybutynin extended-release (generic Ditropan XL), solifenacin (generic Vesicare), tolterodine (generic Detrol®), trospium (generic Sanctura®), OTC Oxytrol® for Women

Therapeutic Use	Medication	Alternative Treatment Option(s)
Pain	Orphengestic [®] Forte/Norgesic [™] Forte (orphenadrine citrate/aspirin/caffeine) ⁴	OTC aspirin + cyclobenzaprine tablet (generic Flexeril [®]), chlorzoxazone (generic Parafon Forte [®] DSC) methocarbamol (generic Robaxin [®]), orphenadrine extended-release (generic Norflex [®]), or tizanidine (Zanaflex [®] Tablets)
Pain and inflammation	naproxen suspension (generic Naprosyn [®]) ¹	OTC Naproxen, OTC Ibuprofen suspension
Plaque psoriasis	calcipotriene/betamethasone ointment (generic Taclonex [®])	Enstilar [®] foam, Taclonex suspension
Seizures	Elepsia [™] XR ⁴	levetiracetam (generic Keppra [™]), levetiracetam extended-release (generic Keppra XR)
Ulcers, heartburn & reflux	Dexilant [®] (dexlansoprazole)	omeprazole (generic Prilosec [®]), pantoprazole (generic Protonix [®]), rabeprazole (generic Aciphex [®]), OTC – Nexium 24 HR, Prilosec OTC, Prevacid 24 HR, Zegerid OTC
Wilson's disease	penicillamine (generic Cuprimine [®]) capsules	penicillamine titratabs (generic Depen [®])

Prior Authorization - Medical Necessity Changes

Prior Authorization - Medical Necessity reviews evaluate the clinical appropriateness of a medication for the condition being treated, type of medication, frequency of use and duration of therapy. The following medication will now require Medical Necessity for coverage.

Therapeutic Use	Medication
Hyperphosphatemia	Renvela [®]

¹ Step therapy or prior authorization may be required prior to coverage.

² Exclusion includes brand, generic and authorized generic products unless otherwise noted.

³ For benefits that do not exclude, step therapy (referred to as First Start in New Jersey) or prior authorization (sometimes referred to as precertification) may be required.

⁴ Newly released medication which was excluded from coverage at the time of launch and will continue to be excluded from our benefit

⁵ In accordance with HCR/ACA requirements, providers may request a zero dollar coverage exception review for preventive medications. Please access uhcprovider.com>Drug List and Pharmacy>Additional Resources> Patient Protection and Affordable Care Act §0 Cost-share Preventive Medications Exemption Requests (Commercial members) or call the toll-free number on the member's health plan ID card.

